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6 September 1951

MEMORANDUM FOR: Deputy Director (Administration) 024
FROM: Chief, Medical Staff
SUBJECT: Survey of Medical Office

No Change in Class. ☐

☐ Declassified

Class. Changed To: TS S (C)

Auth.: HR 70-2

Date: 8 NOV 1978

By: 25X1

1. Reference is made to the letter of to Mr. William H. Jackson, Deputy Director, dated 2 August 1951, subject as above.

2. The major portion of report was concerned with the problems of operational medical support. Five problems were listed as worthy of attention and a possible solution was offered for each. The Medical Office is taking this opportunity to present its viewpoint in these matters.

3. a. The need for an administrative consultant to the Medical Office.

The Medical Office believes it will accomplish its mission with or without the services of an administrative consultant. It is agreed that accomplishment may be more easily realized if such service is available. This would only be true, however, if the individual selected possessed the qualifications outlined by

Inasmuch as the Medical Office believes in its ability to satisfactorily perform its functions, interest is expressed in the degree of authority and responsibility that would be delegated such a consultant. It is considered preferable that the position would be analogous to that of professional consultants now serving the Medical Staff. However, this is a matter to be decided by higher authority.

b. The determination of emotional stability.

The Medical Office considers the determination of emotional stability a medical responsibility. This opinion may be at

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variance with other units of the Agency. The problem is largely research in nature. No completely adequate methods exist worthy of immediate adoption by CIA.

In conformity with its views, the Medical Office has initiated a project, the first phase of which is complete. The project is under the direction of a qualified consultant psychiatrist. The second phase will be completed in the near future. Measures have been taken to secure the services of a full-time psychiatrist. Selection has been based on qualification rather than haste. Several qualified individuals are under consideration at present.

The obtainment of the services of a full-time psychiatrist with the completion of the proposed project should serve to indicate the approach to the problem. Results should apply to all members of the Agency. Accurate determination would provide selection for further assessment procedures, and would minimize the incidence of psychiatric disturbance within the Agency.

c. Technical Channels.

There is no question that the establishment of technical channels would further the interests of the Medical Office. This, however, is contrary to present operational policy. The entire question is under investigation at present. No ready solution is available. This would appear to be one of those problems that requires a certain Agency maturity before a final solution is reached.

d. Career Doctors.

This subject will be presented in the form of a project in the near future. Consideration is being given to extension of service rather than a career at this point. As the Agency stabilizes and assurance can be given as to permanency of medical personnel requirements, attention can be directed to career programming.

e. Operation Training Course.

The training course referred to by [] is the paramilitary course, conducted by TRD. To be sure three days of training would appear to be a minimum requirement for the Medical Office. Prior to the increase in the Medical Staff, the time allotted was eight hours and the course was given by the Deputy Chief, Medical Staff at the expense of a 72-hour absence from headquarters. With the obtainment of additional staff, the

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course has been increased to three days with seminars being voluntarily given after regular duty hours for five evenings. The Medical Office is also preparing a manual on the medical aspects of para-military operators which should provide the basis for constant reference. As opportunity presents itself, the degree of medical training support will be increased.

4. The Medical Office trusts that the above comments will serve to give some indication of the medical viewpoint. Each subject is worthy of more detail than given. However, it is hoped that future accomplishments will balance any lack of present verbiage. Appreciation is expressed for the opportunity to discuss these problems with [redacted] whose understanding and cooperation have been most helpful.

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[redacted]
JOHN R. TLETJEN, M. D.

MO/JRT:njc

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